



STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
AIRPORTS DIVISION

AIRCRAFT REGISTRATION FORM

TAIL NO: N-_____

FEE: \$10.00

AIRPORT: ☐ HDH ☐ HNL ☐ HNM ☐ ITO ☐ JHM ☐ JRF ☐ KOA ☐ LNY
(HOME BASE) ☐ LUP ☐ LIH ☐ MKK ☐ MUE ☐ OGG ☐ PAK ☐ UPP

NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AIRCRAFT INFORMATION:

MAKE: _____ MODEL: _____

TYPE: ☐ SINGLE ENG ☐ MULTI ENG ☐ JET ☐ HELI ☐ GLIDER ☐ ULTRALIGHT

YEAR: _____ COLOR: _____ SERIAL #: _____

AIRCRAFT PARKING SPACE: _____

CONTACT NAME: _____

TELEPHONE: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

OWNER/OPERATOR
(SIGNATURE)

TITLE: _____

APPROVED BY: _____

DATE: _____

LIEN HOLDER: _____

AIRPORTS DISTRICT MANAGER

DATE: _____

COMPANY NUMBER: _____

AGREEMENT NUMBER: _____

RECEIPT NUMBER: _____

RECEIPT DATE: _____

DECAL NUMBER: _____

EXPIRATION DATE: _____